



Health Savings Account (H.S.A.) 2015 Contribution Form



(For re-enrollment purposes only)

This form is only for employees electing a pre-tax deduction into the H.S.A which must be made annually. If you have a deduction for 2014, it will stop with the last payroll in the plan year (December). By completing this form, you are certifying that you are enrolled in the H.S.A. – qualified High Deductible Health Plan (HDHP) offered by Williamson County and that you are not covered by any other healthcare plan that is not an HDHP for the plan year of 2015.

Employee Information: (Print Clearly & Legibly)

Employee Name: _____ SSN# _____ DOB: _____ M or F
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____

Contribution Information: Plan Year 2015

The annual contribution you elect will be split up over the pay periods for the plan year (January 1, 2015 – December 31, 2015). Once the amount has been elected, you cannot change it again until your next eligible enrollment period (open enrollment or qualifying event).

The IRS places a limit on the maximum amount that can be contributed to H.S.A. accounts. If over the age of 55, an employee may make an additional catch up deduction of up to \$1,000 annually. All maximums listed below are set for combined coverage. This means if you & your spouse have separate H.S.A. accounts, you both may not exceed a combined total of \$6,650. For example, if you contribute \$6,650 annually, your spouse may not contribute anything to his/her H.S.A. as this would exceed the IRS's mandated yearly maximum limit. Please keep in mind, any employer contribution made from Williamson County will also count as part of your individual or family maximums.

Maximum annual contribution limits as mandated by the IRS for 2015:

Under Age 55:

Employee Only HDHP.....\$3,350

Employee+1/Family HDHP....\$6,650

Over Age 55:

Employee Only HDHP.....\$4,350

Employee+1/Family HDHP.....\$7,650

Maximum Employer contributions: (2015 Plan Year)

Employee Only HDHP.....\$500.00 (Pro-rated)

Employee+1/Family HDHP.....\$1000.00 (Pro-rated)

Completion of Biometric Screening & Health Risk Assessment: (2015 Plan Year)

Employee\$125.00

Spouse.....\$125.00 (if enrolled in plan)

Determining your Annual Deduction: (Use the guidelines above)

My Annual Election cannot exceed		\$	This worksheet will help demonstrate the maximum you can contribute to your H.S.A. in 2015. Your election can be any amount up to what has been calculated in the 'My Annual Election can be no more than' line.
My Employer Contribution for 2015	(-)	\$	
My H.R.A. & Biometric Screening	(-)	\$	
My Spouse's H.R.A. & Biometric Screening	(-)	\$	
My Annual Election can be no more than	=	\$	

Employee Authorization and Annual Contribution Election:

I elect to contribute: \$ _____ annually to my Health Savings Account for the Tax Year of 2015.

(Annual amount to be divided over all pay periods between January 1, 2015 & December 31, 2015)

By signing below, I authorize WCG/BOE to withhold my contribution for this plan from my pay on a pre-tax basis. I agree to all terms and conditions of continued enrollment in the Williamson County Health Savings Account, as such exist on the date of my enrollment, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment elections. *Your contributions, tax savings and future values may vary based on multiple factors, including income and regulatory changes. No part of the Williamson County Benefits Department, including materials on our website, provides or is intended to provide tax or investment advice. You should consult a professional tax advisor to determine what is appropriate for your personal situation.

Employee Signature: _____ **Date:** _____

Return completed form to the Williamson County Benefits Department on or before November 4, 2014. If you have questions regarding your HSA or completing this form please contact Heather Oxnam at 615-790-5600 or by email at heathero@williamson-tn.org • heather.oxnam@wcs.edu